Under the Paperwork Red	luction Act of 1995.	, no person are require	U.S. Pate ito respond to a collect	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI respond to a cultection of information unless it displays a valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			T	Complete if Known				
			Application Nu	Application Number 10		10/521,454-Conf. #8799		
FEE TRANSMITTAL			Filing Date	N	November 29, 2005			
For FY 2009			First Named In	ventor Id	Ichiro HIRAO			
FOFFY 2009			Examiner Name	r Name J. L. Epps-Ford				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1	33			
TOTAL AMOUNT OF PAYMENT (\$) 1,650.00		(\$) 1,650.00	Attorney Docke	Attorney Docket No.		0230-0222PU\$1		
METHOD OF PAYMEN	NT (check all th	nat apply)						
Check Credit	Card M	loney Order	None Other	(please identify):			
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP								
For the above-ider	ntified deposit a	ccount, the Directo	r is hereby authoriz	red to: (check	all that apply)			
x Charge fee(s	s) indicated bek	OW	Chan	ge fee(s) indi	cated below, e	xcept for th	ne filing fee	
	additional fee(s 37 CFR 1.16 a) or underpayment nd 1.17	s of x Credi	it any overpa	yments			
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES						
			SEARCH FEES		ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	(Fee (\$)	Small Entity Fee (\$)	Fees F	ald (\$)	
Utility	330		10 270	220	110	7,000 1	414 101	
Design	220		00 50	140	70			
Plant	220		30 165	170	85			
Reissue	330		10 270	650	325			
Provisional	220	110	0 0	0	0			
2. EXCESS CLAIM FEES			•	*	•		Small Entity	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims	5					390	195	
			Fee Paid (\$)					
1 × *				Fee	(\$)	Fee Paid (\$	3	
HP = highest number of total claims paid for, if greater than 20.							_	
	xtra Claims	Fee (\$)	Fee Paid (\$)					
2 -3 or HP = HP = highest number of indepe	endent claims paid	for, if greater than 3.						
3. APPLICATION SIZE FE								
If the specification and d								
listings under 37 CFR					tity) for each a	dditional 50)	
sheets or fraction ther							n-1-1 (A)	
	Extra Sheets		h additional 50 or fr.			ree	Pald (\$)	
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)							Paid (\$)	
A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							r aiu (4)	
Other (e.g. late filing surcharge): 1401 Notice of appeal							540.00	
1253 Extension for response within third month 1,110.00								
SUBMITTED BY								
Signature A Z	mod		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-8000		
Name (Day of mark)	A MARCHANT IN		(Alminoxingelli)		Date	lanuanu	2000	